RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System
(CRS 2008)
(BGP V. 8.0)

Other National Measures (ONM) Report
Performance Measure List and Definitions
September 2007

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Revision History

Date	Revision	Description	Author
09/07/07	N/A	Distributed to field leads, Area GPRA Coordinators, and CRS listserv.	S. Klepacki
09/10/07	1	Diabetes Comprehensive Care: Revised LOINC taxonomy changes from "deleted one code" to "added code to taxonomy."	S. Klepacki
09/18/07	2	Diabetes Comprehensive Care, Cholesterol Management for Patients with Cardiovascular Conditions, and Prediabetes/Metabolic Syndrome: Removed code from LOINC taxonomy for LDL Cholesterol test.	S. Klepacki
10/09/07	3	Appropriate Medication Therapy in High Risk Patients: Removed diabetes definition since this report does not include sub-denominators for (1) patients with IHD and diabetes and (2) patients with IHD and without diabetes.	S. Klepacki
10/26/07	4	Alcohol Screening and Brief Intervention (ASBI) in the ER: Clarified logic for patients with multiple ER visits for injury during the report period.	S. Klepacki
11/06/07	5	Sexually Transmitted Infection (STI) Screening, HIV/AIDS diagnosis definition: Revised code 79.71 to 795.71.	S. Klepacki
11/14/07	6	Alcohol Screening and Brief Intervention (ASBI) in the ER: Revised logic for entire topic to count visits vs. patients and revised the performance measure description.	S. Klepacki
11/16/07	7	Depression Screening: Removed ICD-9 codes for refusal of patient education since you are not able to enter a refusal of this manner in RPMS.	S. Klepacki

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CRS DENOMINATOR DEFINITIONS

- ***For all denominators:***
  - All patients with name "DEMO,PATIENT" will be automatically excluded for all denominators.
  - For all measures except as noted, patient age is calculated as of the beginning of the Report Period.

- ***Active Clinical Population for National GPRA Reporting***
  - Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the CRS 2008 User Manual for listing of these clinics.
  - Must be alive on the last day of the Report Period.
  - Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01).
  - Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.

- ***Active Clinical Population for Local Reports***
  - Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the CRS 2008 User Manual for listing of these clinics.
  - Must be alive on the last day of the Report Period.
  - User defines population type: AI/AN patients only, non AI/AN or both.
  - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

- ***User Population for National GPRA Reporting***
  - Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report Period.
  - Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01).
  - Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.

- ***User Population for Local Reports***
  - Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report Period.
  - User defines population type: AI/AN patients only, non AI/AN or both.
  - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

- ***Active Clinical CHS Population for National GPRA Reporting (used only for CHS-only sites)***
  - Must have 2 CHS visits in the 3 years prior to the end of the Report Period and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report period.
  - Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
  - Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

- ***Active Clinical CHS Population for Local Reports (used only for CHS-only sites)***
  - Must have 2 CHS visits in the 3 years prior to the end of the Report Period and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
  - Must be alive on the last day of the Report period.
  - User defines population type: AI/AN patients only, non AI/AN or both.
  - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

ABOUT THE CRS OTHER NATIONAL MEASURES REPORT

This new report for CRS 2008 Version 8.0 contains clinical quality measures for which national data is desired. The majority of these measures, which were previously included in the National GPRA Report, are not reported in the IHS Annual GPRA Performance Report; however, a few are included to provide context to the non-GPRA measures. It is anticipated that national results for these measures will be reported at the end of GPRA year 2008.

CRS OTHER NATIONAL MEASURES REPORT PERFORMANCE MEASURE TOPICS AND DEFINITIONS

The performance measure topics and their definitions that are included in the new CRS 2008 Version 8.0 Other National Measures Report are shown in the table below.

NOTE: The logic changes that are shown in ***red, bold italic*** type are reflective of changes to the topic as it existed previously in other reports.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
DIABETES GROUP	
Diabetes Comprehensive Care Diabetes Program/ Dr. Charlton Wilson	***Changes from Version 7.0 Patch 1, as noted below*** **Denominator:** Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerators:** 1) Patients with hemoglobin A1c documented during the Report Period, regardless of result. 2) Patients with blood pressure documented during the Report Period. 3) Patients with controlled blood pressure during the Report Period, defined as < 130/80. **This measure is not included in the comprehensive measure (numerator 8 below).** 4) Patients with LDL completed during the Report Period, regardless of result. 5) Patients with nephropathy assessment, defined as an estimated GFR and a quantitative urinary protein assessment during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report Period. 6) Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam. 7) Patients with diabetic foot exam during the Report Period, or a documented refusal of a diabetic foot exam. 8) Patients with A1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam AND Diabetic Foot Exam. **Definitions**: 1) **A1c:** Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as any of the following: CPT 83036, ***83037, 3046F, or 3047F;*** LOINC taxonomy ***(added code to taxonomy)*** or site-populated taxonomy DM AUDIT HGB A1C TAX. 2) **Blood Pressure:** CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled. ***For the BP documented and Not Controlled BP numerators only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.*** 3) **LDL:** CPT ***80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code),*** 83721, ***3048F, 3049F, 3050F;*** LOINC taxonomy ***(added to and removed code from LOINC taxonomy);*** site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. ***For numerator LDL <130, CPT 3048F and 3049F will count as meeting the measure. For numerator LDL =<100, CPT 3048F will count as meeting the measure.***

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Diabetes Comprehensive Care (cont'd) Diabetes Program/ Dr. Charlton Wilson	4) **Estimated GFR:** Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy ***(added codes to LOINC taxonomy).*** 5) **Quantitative Urine Protein Assessment:** CPT 82042, 82043, or 84156; LOINC taxonomy ***(added codes to LOINC taxonomy);*** or site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values). 6) **End Stage Renal Disease:** A) ANY diagnosis ever of 585.5, 585.6, ***V42.0,*** V45.1, or ***V56.*;*** B) ANY CPT in the range of ***36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380,*** 90918-90925, ***90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339, or C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.*** 7) **Qualified Retinal Evaluation*:** A) Diabetic retinal exam or documented refusal or B) other eye exam. A) **Diabetic Retinal Exam:** Any of the following during the Report Period: (1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination) or refusal of Exam 03; ***(2) CPT 2022F Dilated retinal eye exam; 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos; S0620 Routine ophthalmological examination including refraction; new patient; S0621 Routine ophthalmological examination including refraction; established patient; S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.*** B) **Other Eye Exam:** (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for any of the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT ***67028, 67038, 67039, 67040,*** 92002, 92004, 92012, 92014; POV V72.0; ***Procedure 95.02.*** *Qualifying Retinal Evaluation: The following methods are qualifying for this measure: - Dilated retinal evaluation by an optometrist or ophthalmologist. - Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or Ophthalmologist. - Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc. 8) **Diabetic Foot Exam:** A) Exam Code 28 Diabetic Foot Exam, Complete; B) non-DNKA visit with a podiatrist (provider codes 33, 84 or 25), C) non-DNKA visit to Podiatry Clinic (clinic code 65), D) ***CPT 2028F***, or E) documented refusal of foot exam (Exam Code 28). **Patient List Options:** 1) List of diabetic patients who did have their A1c assessed. 2) List of diabetic patients who did not have their A1c assessed. 3) List of diabetic patients who did have their BP assessed. 4) List of diabetic patients who did not have their BP assessed. 5) List of diabetic patients with controlled BP, defined as <130/80. 6) List of diabetic patients with uncontrolled BP, defined as >130/80. 7) List of diabetic patients with LDL completed. 8) List of diabetic patients without LDL completed. 9) List of diabetic patients with nephropathy assessment. 10) List of diabetic patients without nephropathy assessment. 11) List of diabetic patients with retinal evaluation. 12) List of diabetic patients without retinal evaluation. 13) List of diabetic patients with a diabetic foot exam. 14) List of diabetic patients without a diabetic foot exam. 15) List of diabetic patients with comprehensive diabetes care. 16) List of diabetic patients without comprehensive diabetes care.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
DENTAL GROUP	
Topical Fluoride Dental Program/Dr. Patrick Blahut	***Clarified text to reflect how CRS is counting refusals; no logic changes*** **Numerators:** 1) Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of appropriate topical fluoride applications and refusals based on a maximum of four per patient per year. A) Number of documented refusals during past year. **Definitions:** 1) **Topical Fluoride Application:** V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), or 1206; or V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. 2) **Refusal of Topical Fluoride Application:** Refusal of ADA code 1201 (old code), 1203, 1204, 1205 (old code), or 1206. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. ***If a patient has multiple refusals, only one refusal will be counted.*** **Patient List:** List of patients who received or refused at least one topical fluoride application during Report period.
IMMUNIZATION GROUP	
Adult Immunizations: Influenza Epidemiology Program/ Amy Groom, MPH	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominator:** Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerators:** 1) Patients with influenza vaccine or refusal documented during the Report Period ***or with a contraindication documented at any time before the end of the Report Period.*** A) Patients with documented refusal. B) ***Patients with a contraindication or a documented NMI (not medically indicated) refusal.*** **Definitions:** 1) **Influenza Vaccine:** Any of the following during the Report Period: A) Immunization/CVX codes 15, 16, 88, or 111; B) POV V04.8 (old code), V04.81, V06.6; C) CPT 90655-90660, 90724 ***(old code), G0008, G8108;*** D) ICD Procedure 99.52. 2) ***Contraindication to Influenza Vaccine: Any of the following documented at any time before the end of the Report Period: A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or B) PCC NMI Refusal.*** 3) **Refusal of Influenza Vaccine:** A) Refusal of immunization/CVX codes 15, 16, 88, or 111 as documented in PCC Refusal File (i.e. REF) or B) in the Immunization Package as contraindication of "Patient Refusal." **Patient List Options:** 1) List of diabetic patients with influenza vaccination, contraindication, or refusal. 2) List of diabetic patients without influenza vaccination, contraindication, or refusal.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Adult Immunizations: Pneumovax Epidemiology Program/ Amy Groom, MPH	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominator:** Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. **Numerators:** 1) Patients with Pneumococcal vaccine ***or contraindication*** documented at any time before the end of the Report Period or with a refusal in the past year. A) Documented patient refusals (REF) or not medically indicated (NMI). ***B) Contraindication or a documented NMI (not medically indicated) refusal.*** **Definitions:** 1) **Pneumovax Vaccine:** A) Immunization/CVX codes 33, 100, 109; B) POV V06.6, V03.82, ***(deleted V03.89-generic code);*** C) ICD Procedure 99.55; D) CPT 90732, 90669, ***G0009, G8115.*** ***2) Contraindication to Pneumovax Vaccine: A) Contraindication in the Immunization Package of "Anaphylaxis" or B) PCC NMI Refusal.*** 3) **Refusal of Pneumovax Vaccine:** A) Immunization codes 33, 100, or 109, as documented in PCC Refusal File (i.e. REF) or B) Immunization Package contraindication of "Patient Refusal." **Patient List Options:** 1) List of diabetic patients with pneumovax vaccination, contraindication, or refusal. 2) List of diabetic patients without pneumovax vaccination, contraindication, or refusal.
Childhood Immunizations Epidemiology Program/ Amy Groom, MPH	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominators:** 1) Active Clinical patients ages 19-35 months at end of Report Period. 2) User Population patients active in the Immunization Package who are 19-35 months at end of Report period. **NOTE: Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.** **Numerators:** 1) Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease. ***2) Patients who have received the 4:3:1:3:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella), including refusals, contraindications, and evidence of disease.*** 3) Patients who have received ***the 4:3:1:3:3:1:4 combination (renamed from "all childhood immunizations")*** (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including refusals, contraindications, and evidence of disease. 4) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal. 5) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal. 6) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal. 7) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal. 8) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal. 9) Patients with 1 dose of Varicella, or who have evidence of the disease, a contraindication, or a documented refusal. 10) Patients with 4 doses of Pneumococcal conjugate, or who have evidence of the disease, a contraindication, or a documented refusal.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Childhood Immunizations (cont'd) Epidemiology Program/ Amy Groom, MPH	**Definitions:** 1) **Patient Age:** Since the age of the patient is calculated at the beginning of the Report Period, the age range will be adjusted to 7-23 months at the beginning of the Report Period, which makes the patient between the ages of 19-35 months at the end of the Report Period. 2) **Timing of Doses:** Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization. 3) **Active Immunization Package Patients Denominator:** Same as User Population definition EXCEPT includes only patients flagged as active in the Immunization Package. **NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.** 4) **Dosage and Types of Immunizations:** A) **4 Doses of DTaP:** 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/Td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Pertussis. B) **3 Doses of Polio:** 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses. C) **1 Dose of MMR:** 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella. D) 3 doses of Hep B OR 2 doses IF documented with CPT 90743. E) 3 doses of HIB F) 1 dose of Varicella G) 4 doses of Pneumococcal 5) **Refusal, Contraindication, and Evidence of Disease Information:** Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below. A) Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations. B) For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator. C) Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.) D) To be counted as a refusal, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be counted as having a refusal for MMR. E) To be counted as evidence of disease/contraindication/NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR. 6) **Refusal Definitions:** Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: **DTaP:** 20, 50, 106, 107, 110, 120; **DTP:** 1, 22, 102**; Tdap:** 115; **DT:** 28; **Td:** 9, 113; **Tetanus:** 35, 112; **Pertussis:** 11: **OPV:** 2, 89; **IPV:** 10, 89, 110, 120; **MMR:** 3, 94: **M/R:** 4; **R/M:** 38; **Measles:** 5; **Mumps:** 7; **Rubella:** 6; **HiB:** ***17,*** 22, 46-49; 50, 51, 102, 120; **Hepatitis B:** 8, 42-45, 51, 102, 104, 110; **Varicella:** 21, 94; **Pneumococcal:** 33, 100, 109. 7) **Immunization Definitions:** A) **DTaP:** 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120; 2) POV V06.1; 3) CPT: 90698, 90700, 90721, 90723. ***(Deleted CPT 90749 since it is a generic (unlisted) code.) DTaP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."***

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Childhood Immunizations (cont'd) Epidemiology Program/ Amy Groom, MPH	B) **DTP:** 1) Immunization (CVX) codes: 1, 22, 102; 2) POV: V06.1, V06.2, V06.3; 3) CPT: 90701, 90711 (old code), 90720; 4) Procedure 99.39. ***DTP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** C) **Tdap:** 1) Immunization (CVX) code: 115; 2) CPT 90715. ***Tdap contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** D) **DT:** 1) Immunization (CVX) code 28; 2) POV V06.5; 3) CPT 90702. ***DT contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** E) **Td:** 1) Immunization (CVX) code 9, 113; 2) POV V06.5; 3) CPT 90714, 90718. ***Td contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** F) **Diphtheria:** 1) POV V03.5; 2) CPT 90719; 3) Procedure 99.36. Diphtheria evidence of disease definitions: POV or PCC Problem List (active or inactive) V02.4, 032*. ***Diphtheria contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** G) **Tetanus:** 1) Immunization (CVX) codes: 35, 112; 2) POV V03.7, 3) CPT 90703; 4) Procedure 99.38. Tetanus evidence of disease definition: POV or PCC Problem List (active or inactive) 037*. ***Tetanus contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** H) **Pertussis:** 1) Immunization (CVX) code 11; 2) POV V03.6; 3) Procedure 99.37. Pertussis evidence of disease definition: POV or PCC Problem List (active or inactive) 033*. ***Pertussis contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** I) **OPV:** 1) Immunization (CVX) codes: 2, 89; 2) CPT 90712. OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; ***or Immunization Package contraindication of "Anaphylaxis."*** J) **IPV:** 1) Immunization (CVX) codes: 10, 89, 110, 120; 2) POV V04.0, V06.3; 3) CPT: 90698, 90711 (old code), 90713, 90723; 4) Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): V12.02, 045*, 138, 730.70-730.79. ***IPV contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."*** K) **MMR:** 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; ***or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."*** L) **M/R:** 1) Immunization (CVX) code 4; 2) CPT 90708. ***M/R contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** M) **R/M:** 1) Immunization (CVX) code 38; 2) CPT 90709 (old code). ***R/M contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** N) **Measles:** 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*. ***Measles contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** O) **Mumps:** 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*. ***Mumps contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** P) **Rubella:** 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0. ***Rubella contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** Q) **HiB:** 1) Immunization (CVX) codes: ***17,*** 22, 46-49, 50, 51, 102, 120; 2) POV V03.81; 3) CPT: 90645-90648, 90698, 90720-90721, 90748. HiB evidence of disease definitions: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2. ***HiB contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."***

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Childhood Immunizations (cont'd) Epidemiology Program/ Amy Groom, MPH	R) **Hepatitis B:** 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, ***G0010, Q3021, Q3023.*** Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. ***Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** S) **Varicella:** 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: 1) POV or PCC Problem List (active or inactive) 052*, 053* ***or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune."*** Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; ***or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."*** T) **Pneumococcal:** 1) Immunization (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6; V03.82; 3) CPT: 90669, 90732, ***G0009, G8115. Pneumococcal contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** **Patient List Options:** 1) List of patients Active Clinical 19-35 months who received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal). 2) List of Active Clinical patients 19-35 months who have not received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, and 4 Pneumoccocal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. 3) List of Active Immunization Package patients 19-35 months who received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal). 4) List of patients Active Immunization Package patients 19-35 months who have not received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella and 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **NOTE:** Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: *Red, bold italic type* indicates new or edited definitions)
Adolescent Immunizations Dr. Scott Hamstra/Amy Groom, MPH, Epidemiology Program	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominators:** ***1) Active Clinical patients ages 13-17.*** ***2) Female Active Clinical patients ages 13-17.*** **Numerators:** ***1) Patient who have received the 1:3:2:1 combination (i.e. 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella), including refusals, contraindications, and evidence of disease.*** ***2) Patients who have received 1 dose of Tdap ever, including refusals, contraindications, and evidence of disease.*** ***3) Patients who have received 1 dose of meningococcal ever, including refusals, contraindications, and evidence of disease.*** ***4) Patients who have received 3 doses of HPV ever, including refusals, contraindications, and evidence of disease. NOTE: Included for Female Active Clinical ages 13-17 only.*** **Definitions:** 1) **Timing of Doses:** Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization. 2) **Dosage and Types of Immunizations:** A) 1 dose of Td or Tdap B) **2 doses of MMR:** 1) 2 MMRs; 2) 2 M/R and 2 Mumps; 3) 2 R/M and 2 Measles; or 4) 2 each of Measles, Mumps, and Rubella. C) 3 doses of Hep B OR 2 doses IF documented with CPT 90743. D) 1 dose of Varicella E) 1 dose of Meningococcal F) 3 doses of HPV 3) **Refusal, Contraindication, and Evidence of Disease Information:** Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below. A) Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations. B) For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator. C) Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.) D) To be counted as a refusal, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be counted as having a refusal for MMR. E) To be counted as evidence of disease/contraindication/NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR. 4) **Refusal Definitions:** Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: MMR: 3, 94: M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; Hepatitis B: 8, 42-45, 51, 102, 104, 110; Varicella: 21, 94; ***Tdap: 115; Td: 9, 113; Meningococcal: 32, 108, 114, HPV: 62, 118.*** 5) **Immunization Definitions:** A) **MMR:** 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; ***or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."*** B) **M/R:** 1) Immunization (CVX) code 4; 2) CPT 90708. ***M/R contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."***

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Adolescent Immunizations (cont'd) Dr. Scott Hamstra/Amy Groom, MPH, Epidemiology Program	C) **R/M:** 1) Immunization (CVX) code 38; 2) CPT 90709 (old code). ***R/M contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** D) **Measles:** 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*. ***Measles contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** E) **Mumps:** 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*. ***Mumps contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** F) **Rubella:** 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0. ***Rubella contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** G) **Hepatitis B:** 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, ***G0010, Q3021, Q3023.*** Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. ***Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** H) **Varicella:** 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: 1) POV or PCC Problem List (active or inactive) 052*, 053* ***or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune."*** Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; ***or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."*** ***I) Tdap: 1) Immunization (CVX) code: 115; 2) CPT 90715. Tdap contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** ***J) Td: 1) Immunization (CVX) code 9, 113; 2) POV V06.5; 3) CPT 90714, 90718. Td contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** ***K) Meningococcal: 1) Immunization (CVX) codes: 32, 108, 114; 2) CPT 90733, 90734. Meningococcal contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** ***L) HPV: 1) Immunization (CVX) codes: 62, 118; 2) CPT 90649. HPV contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."*** **Patient List Options:** 1) List of Active Clinical patients 13-17 with 1:3:2:1 combination (i.e. 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella). 2) List of Active Clinical patients 13-17 without 1:3:2:1 combination (i.e. 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B. 3) List of Active Clinical patients 13-17 with 1 Tdap ever. 4) List of Active Clinical patients 13-17 without 1 Tdap ever. 5) List of Active Clinical patients 13-17 with 1 Meningococcal ever. 6) List of Active Clinical patients 13-17 without 1 Meningococcal ever. 7) List of female Active Clinical patients 13-17 with 3 doses of HPV ever. 8) List of female Active Clinical patients 13-17 without 3 doses of HPV ever. If a patient did not have all doses, the IZ will not be listed.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
BEHAVIORAL HEALTH GROUP	
Alcohol Screening and Brief Intervention (ASBI) in the ER Dr. David Boyd	***New topic for Version 8.0*** **Denominators:** 1) Number of visits for Active Clinical patients age 15-34 seen in the ER for injury during the Report Period. Broken out by gender and age groups of 15-24 and 25-34. 2) Number of visits for Active Clinical patients age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period. Broken out by gender and age groups of 15-24 and 25-34. **Numerators:** 1) Number of visits where patients were screened in the ER for hazardous alcohol use. A) Number of visits where patients were screened positive **(also used as denominator #2)** 2) Number of visits where patients were provided a brief negotiated interview (BNI) at or within 7 days of the ER visit (used only with denominator #2). A) Number of visits where patients were provided a BNI at the ER visit. B) Number of visits where patients were provided a BNI not at the ER visit but within 7 days of the ER visit. **Denominator and Numerator Logic:** If a patient has multiple ER visits for injury during the Report Period, each visit will be counted in the denominator. For the screening numerator, each ER visit with injury at which the patient was screened for hazardous alcohol use will be counted. For the positive alcohol use screen numerator, each ER visit with injury at which the patient screened positive for hazardous alcohol use will be counted. For the BNI numerators, each visit where the patient was either provided a BNI at the ER or within 7 days of the ER visit will be counted. An example of this logic is shown below. ER Visit w/Injury — Denom Count — Scrn Num — Pos Scrn Num Count — BNI Num Count John Doe, 07/17/08, Screened Positive at ER, BNI at ER John Doe, 09/01/08, Screened Positive at ER, No BNI John Doe, 11/15/08, No Screen COUNTS: 3 — 2 — 2 — 1 **Definitions:** 1) **Emergency Room (ER) Visit:** Clinic code 30. 2) **Injury:** Primary or secondary POV 800.0–999.9 or E800.0-E989. 3) **ER Screening for Hazardous Alcohol Use:** Any of the following conducted during the ER visit: A) PCC exam code 35, B) any Alcohol Health Factor (i.e. CAGE), C) POV V79.1 Screening for Alcoholism, or D) CPT H0049 Alcohol and/or Drug Screening. 4) **Positive Screen for Hazardous Alcohol Use:** Any of the following for the screening performed at the ER visit: A) Exam Code 35 Alcohol Screening result of "Positive" or B) health factor of CAGE result of 1/4, 2/4, 3/4 or 4/4. 5) **Brief Negotiated Interview (BNI):** Any of the following documented at the ER visit or within 7 days of the ER visit at a face-to-face visit, which excludes chart reviews and telecommunication visits: A) H0050 (Alcohol and/or Drug Services, Brief Intervention, Per 15 Minutes, B) patient education code AOD-INJ. **Patient List Options:** 1) Patients 15-34 seen in the ER for injury who were screened for hazardous alcohol use. 2) Patients 15-34 seen in the ER for injury who were not screened for hazardous alcohol use. 3) Patients 15-34 seen in the ER for injury with positive alcohol screen who received a BNI. 4) Patients 15-34 seen in the ER for injury with positive alcohol screen who did not receive a BNI.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Depression Screening Denise Grenier, LCSW/ Dr. David Sprenger	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominators:** 1) Active Diabetes patients, defined as: all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever. **Numerators:** 1) Patients screened for depression or diagnosed with mood disorder at any time during the Report Period, including documented refusals in past year. A) Patients screened for depression during the Report Period. B) Patients with a diagnosis of a mood disorder during the Report Period. C) Patients with documented refusal in past year. 2) Patients with depression-related education or refusal of education in past year. **Definitions:** 1) **Diabetes:** POV 250.00-250.93 2) **Depression Screening:** Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression). 3) **Mood Disorders:** At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. 4) **Screening Refusal:** Any PCC refusal in past year with Exam Code 36. 5) **Depression-related patient education or refusal:** Any of the following during the Report Period: A) Patient education codes containing "DEP-" (depression), ***296.2* or 296.3*,*** "BH-" (behavioral and social health), ***290-319, 995.5*, or 995.80-995.85,*** "SB-" (suicidal behavior) ***or 300.9,*** or "PDEP-" (postpartum depression) or ***648.44;*** or B) refusal of patient education codes containing "DEP-", "BH-", "SB-", or "PDEP-". **Patient List Options:** 1) List of Active Diabetic patients screened for depression/diagnosed with mood disorder. 2) List of Active Diabetic patients not screened for depression/diagnosed with mood disorder.
CARDIOVASCULAR DISEASE RELATED GROUP	
Cardiovascular Disease and Cholesterol Screening Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominator:** 1) Active Clinical patients ages 23 and older; broken out by gender. **Numerator:** 1) Patients with documented blood total cholesterol screening any time during past five years, regardless of result. **Definitions:** 1) **Total Cholesterol Panel:** Searches for most recent cholesterol test with a result during the Report Period. If none found, CRS searches for the most recent cholesterol test without a result. CPT 82465; LOINC taxonomy ***(added code to LOINC taxonomy);*** site-populated taxonomy DM AUDIT CHOLESTEROL TAX. **Patient List Options:** 1) List of Active Clinical patients 23+ screened for total cholesterol in past 5 years. 2) List of Active Clinical patients 23+ not screened for total cholesterol in past 5 years.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Cardiovascular Disease and Blood Pressure Control Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominators:** 1) All Active Clinical patients ages 20 and over, broken down by gender. 2) Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. Broken down by gender. **Numerators:** 1) Patients with BP values documented. A) Patients with normal BP, <120/80. B) Pre-hypertension I, => 120/80 and < 130/80. C) Pre-hypertension II, =>130/80 and < 140/90. D) Stage 1 hypertension, => 140/90 and <160/100. E) Stage 2 hypertension, => 160/100. **Definitions:** 1) **BP Values (all numerators):** CRS uses mean of last 3 Blood Pressures documented on non-ER visits in the past two years. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category. ***For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.*** 2) **Ischemic Heart Disease (IHD):** 410.0-412.*, 414.0-414.9, 428.*, or 429.2 recorded in the V POV file. **Patient List Options:** 1) List of Active Clinical patients =>20 or who have IHD who had their BP assessed twice in past two years. 2) List of Active Clinical patients =>20 or who have IHD who have not had their BP assessed twice in past two years. 3) List of Active Clinical patients =>20 or who have IHD who have normal BP (<120/80). 4) List of Active Clinical patients =>20 or who have IHD who have uncontrolled BP (=>120/80).

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Appropriate Medication Therapy after a Heart Attack Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominator:** Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period and were not readmitted for any diagnosis within seven days of discharge. Broken down by gender. **Numerators:** 1) Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to beta-blockers. 2) Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to ASA (aspirin) or other anti-platelet agent. 3) Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to ACEIs/ARBs. 4) Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to statins. 5) Patients with active prescriptions for all post-AMI medications (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, AND statin), with refusal, and/or who have a contraindication/previous adverse reaction. **Definitions:** 1) **Acute Myocardial Infarction (AMI):** POV 410.*1 (i.e. first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report period, CRS will include only the first discharge. 2) **ALT:** Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy ***(added code to LOINC taxonomy).*** 3) **AST:** Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy ***(added code to LOINC taxonomy).*** 4) **Creatine Kinase:** Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy ***(added code to LOINC taxonomy).*** **Denominator Exclusions:** Patients meeting any of the following conditions will be excluded from the denominator. 1) Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death." 2) Patients readmitted for any diagnosis within seven days of discharge. 3) Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post). 4) Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post." **To be included in the numerators, a patient must meet one of the 3 conditions below:** 1) An active prescription (not discontinued as of [discharge date + 7 days]) that was prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date); OR 2) A refusal of the medication at least once during hospital stay through 7 days after discharge date; OR 3) Have a contraindication/previous adverse reaction to the indicated medication. Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted toward meeting the numerator. NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	**Numerator Logic:** In the logic below, "ever" is defined as anytime through the end of the Report Period. **Beta-Blocker Numerator Logic:** Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. ***(Replaced existing medication taxonomy with updated HEDIS taxonomy.)*** (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.) Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during hospital stay through 7 days after discharge date. Contraindications to beta-blockers defined as any of the following occurring ever unless otherwise noted: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496; F) NMI (not medically indicated) refusal for any beta-blocker at least once during hospital stay through 7 days after discharge date; or G) CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) at least once during hospital stay through 7 days after discharge date. Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ASA (aspirin)/Other Anti-Platelet Numerator Logic:** ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy. Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during hospital stay through 7 days after discharge date. Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge, using site-populated BGP CMS WARFARIN MEDS taxonomy; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin at least once during hospital stay through 7 days after discharge date; or D) CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) at least once during hospital stay through 7 days after discharge date. Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ACEI/ARB Numerator Logic:** Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ***(Replaced existing medication taxonomy with updated HEDIS taxonomy.)*** ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

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Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	ACEI-Combination Products: ***Amlodipine-benazepril (Lotrel),*** Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), ***Enalapril-felodipine (Lexxel), Enalapril-diltiazem (Teczem),*** Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, ***Quinaretic***). Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during hospital stay through 7 days after discharge date. Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI at least once during hospital stay through 7 days after discharge date. Adverse drug reaction/documented ACEI allergy defined as any of the following occurring ever: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ***(Replaced existing medication taxonomy with updated HEDIS taxonomy.)*** ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan). ARB Combination Products: Candesartan ***+ HCTZ*** (Atacand HCT), ***Eprosartan + HCTZ (Teveten HCT),*** Irbesartan ***+ HCTZ*** (Avalide ***HCT***), Losartan ***+ HCTZ*** (Hyzaar ***HCT***), ***Olmesartan + HCTZ (Benicar HCT),*** Telmisartan ***+ HCTZ*** (Micardis HCT), Valsartan ***+ HCTZ*** (Diovan HCT). Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during hospital stay through 7 days after discharge date. Contraindications to ARB defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22) or 2) NMI (not medically indicated) refusal for any ARB at least once during hospital stay through 7 days after discharge date. Adverse drug reaction/documented ARB allergy defined as any of the following occurring ever: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **Statins Numerator Logic:** Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor). Statin Combination Products: ***Advicor,*** Caduet, PraviGard Pac, Vytorin. Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during hospital stay through 7 days after discharge date. Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, ***V72.42,*** 640.*-64***9***.* ***(expanded range from 648.*),*** 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, ***S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49;*** 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the Report Period; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the Report Period, or 4) NMI (not medically indicated) refusal for any statin at least once during hospital stay through 7 days after discharge date.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the Report Period; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period; 3) Myopathy/Myalgia, defined as any of the following during the Report Period: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring ever: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins" entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **All Medications Numerator Logic:** To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin). **Patient List Options:** 1) List of Active Clinical patients =>35 discharged for AMI with beta-blocker therapy. 2) List of Active Clinical patients =>35 discharged for AMI without beta-blocker therapy. 3) List of Active Clinical patients =>35 discharged for AMI with ASA therapy. 4) List of Active Clinical patients =>35 discharged for AMI without ASA therapy. 5) List of Active Clinical patients =>35 discharged for AMI with ACEI/ARB therapy. 6) List of Active Clinical patients =>35 discharged for AMI without ACEI/ARB therapy. 7) List of Active Clinical patients =>35 discharged for AMI with statin therapy. 8) List of Active Clinical patients =>35 discharged for AMI without statin therapy. 9) List of Active Clinical patients =>35 discharged for AMI with all appropriate medications. 10) List of Active Clinical patients =>35 discharged for AMI without all appropriate medications.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Persistence of Appropriate Medication Therapy after a Heart Attack Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominator:** Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period. Broken down by gender. **Numerators:** 1) Patients with a 135-day course of treatment with beta-blockers, who refused beta-blockers in the 180 days after AMI, or who have a contraindication/previous adverse reaction to beta-blocker therapy. 2) Patients with a 135-day course of treatment with ASA (aspirin) or other anti-platelet agent, who refused ASA/anti-platelet in the 180 days after AMI, or who have a contraindication/ previous adverse reaction to ASA/anti-platelet therapy. 3) Patients with a 135-day course of treatment with ACEIs/ARBs, who refused ACEIs/ARBs in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy. 4) Patients with a 135-day course of treatment with statins, who refused statins in the 180 days after AMI, or who have a contraindication/previous adverse reaction to statin therapy. 5) Patients with a 135-day course of treatment for all post-AMI medications (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, AND statin) following first discharge date or visit date, including previous active prescriptions; with refusal, and/or who have a contraindication/ previous adverse reaction. **Definitions:** 1) **Acute Myocardial Infarction (AMI):** POV or Problem List 410.0*-410.9* or 412. AMI diagnosis may be made at an inpatient or outpatient visit but must occur between six months prior to beginning of Report period through first six months of the Report period. Inpatient visit defined as Service Category of H (Hospitalization). If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit. 2) **ALT:** Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy ***(added code to LOINC taxonomy).*** 3) **AST:** Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy ***(added code to LOINC taxonomy).*** 4) **Creatine Kinase:** Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy. **Denominator Exclusions:** Patients meeting any of the following conditions will be excluded from the denominator. 1) If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death." 2) Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post). 3) Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; “R/O”; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post." **To be included in the numerators, a patient must meet one of the 3 conditions below:** 1) A total days’ supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date; OR 2) A refusal of the medication at least once at time of diagnosis through the 180 days after AMI; OR 3) Have a contraindication/previous adverse reaction to the indicated medication. Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted toward meeting the numerator.

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Persistence of Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4. **Example of patient included in the beta-blocker numerator who has prior active prescription:** - Admission Date: 2/1/2004, Discharge Date: 2/15/2004 - Must have 135 days prescribed by 8/13/2004 (Discharge Date+180) - Prior Beta-Blocker Rx Date: 1/15/2004 - # Days Prescribed: 60 (treats patient through 3/15/2004) - Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31, 60 is >= 31, prescription is considered Prior Active Rx - 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period - # Remaining Days Prescribed from Prior Active Rx: (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-1/15/2004) = 60-31 = 29 - Rx #2: 4/1/2004, # Days Prescribed: 90 - Rx #3: 7/10/2004, #Days Prescribed: 90 - Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209 **Numerator Logic:** In the logic below, "ever" is defined as anytime through the end of the Report Period. **Beta-Blocker Numerator Logic:** Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. ***(Replaced existing medication taxonomy with updated HEDIS taxonomy.)*** (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.) Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date. Contraindications to beta-blockers defined as any of the following occurring ever unless otherwise noted: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496; F) NMI (not medically indicated) refusal for any beta-blocker at least once during the period admission/visit date through the 180 days after discharge/visit date; or G) CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) at least once during the period admission/visit date through the 180 days after discharge/visit date. Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ASA (aspirin) Numerator Logic:** ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy. Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during the period admission/visit date through the 180 days after discharge/visit date.

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Persistence of Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with prescription for Warfarin/Coumadin using site-populated BGP CMS WARFARIN MEDS taxonomy during the period admission/visit date through the 180 days after discharge/visit date; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin at least once during the period admission/visit date through the 180 days after discharge/visit date; or D) CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) at least once during the period admission/visit date through the 180 days after discharge/visit date. Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ACEI/ARB Numerator Logic:** Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ***(Replaced existing medication taxonomy with updated HEDIS taxonomy.)*** ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik). ACEI-Combination Products: ***Amlodipine-enazepril (Lotrel),*** Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), ***Enalapril-felodipine (Lexxel), Enalapril-diltiazem (Teczem),*** Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, ***Quinaretic***). Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date. Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI at least once during the period admission/visit date through the 180 days after discharge/visit date. Adverse drug reaction/documented ACEI allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ***(Replaced existing medication taxonomy with updated HEDIS taxonomy.)*** ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan). ARB Combination Products: Candesartan ***+ HCTZ*** (Atacand HCT), ***Eprosartan + HCTZ (Teveten HCT),*** Irbesartan ***+ HCTZ*** (Avalide ***HCT***), Losartan ***+ HCTZ*** (Hyzaar ***HCT***), ***Olmesartan + HCTZ (Benicar HCT),*** Telmisartan ***+ HCTZ*** (Micardis HCT), Valsartan ***+ HCTZ*** (Diovan HCT). Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date. Contraindications to ARB defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22) or 2) NMI (not medically indicated) refusal for any ARB at least once during the period admission/visit date through the 180 days after discharge/visit date. Adverse drug reaction/documented ARB allergy defined as any of the following occurring anytime up to the 180 days after discharge/visit date: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

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Persistence of Appropriate Medication Therapy after a Heart Attack (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	**Statins Numerator Logic:** Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor). Statin Combination Products: ***Advicor,*** Caduet, PraviGard Pac, Vytorin. Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during admission/visit date through the 180 days after discharge/visit date. Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the period admission/visit date through the 180 days after discharge/visit date with POV or Problem diagnosis (V22.0-V23.9, ***V72.42,*** 640.*-64***9***.* ***(expanded range from 648.*),*** 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, ***S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49;*** 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the period admission/visit date through the 180 days after discharge/visit date; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the period admission/visit date through the 180 days after discharge/visit date; or 4) NMI (not medically indicated) refusal for any statin at least once during the period admission/visit date through the 180 days after discharge/visit date. Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the period admission/visit date through the 180 days after discharge/visit date; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the period admission/visit date through the 180 days after discharge/visit date; 3) Myopathy/Myalgia, defined as any of the following during the period admission/visit date through the 180 days after discharge/visit date: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime up to the 180 days after discharge/visit date: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins" entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **All Medications Numerator Logic:** To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin). **Patient List Options:** 1) List of Active Clinical patients =>35 with AMI Dx with 135-day beta-blocker therapy. 2) List of Active Clinical patients =>35 with AMI Dx without 135-day beta-blocker therapy. 3) List of Active Clinical patients =>35 with AMI Dx with 135-day ASA therapy. 4) List of Active Clinical patients =>35 with AMI Dx without ASA therapy. 5) List of Active Clinical patients =>35 with AMI Dx with 135-day ACEI/ARB therapy. 6) List of Active Clinical patients =>35 with AMI Dx without 135-day ACEI/ARB therapy. 7) List of Active Clinical patients =>35 with AMI Dx with 135-day statin therapy. 8) List of Active Clinical patients =>35 with AMI Dx without 135-day statin therapy. 9) List of Active Clinical patients =>35 with AMI Dx with 135-day therapy for all appropriate meds. 10) List of Active Clinical patients =>35 with AMI Dx without 135-day therapy for all appropriate meds.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Appropriate Medication Therapy in High Risk Patients Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominators:** 1) Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever. **Numerators:** 1) Patients with a 180-day course of treatment with or refusal of beta-blockers during the Report Period, or who have a contraindication/previous adverse reaction to beta-blocker therapy. 2) Patients with a 180-day course of treatment with or refusal of ASA (aspirin) or other anti-platelet agent during the Report Period, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy. 3) Patients with a 180-day course of treatment with or refusal of ACEIs/ARBs during the Report Period, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy. 4) Patients with a 180-day course of treatment with or refusal of statins during the Report Period, or who have a contraindication/previous adverse reaction to statin therapy. 5) Patients with a 180-day course of treatment for all medications (i.e. beta-blocker, aspirin/anti-platelet, ACEI/ARB, AND statin) during the Report Period, with refusal, and/or who have a contraindication/previous adverse reaction. **Definitions:** 1) **Ischemic Heart Disease (IHD):** 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file. 2) **ALT:** Site-populated taxonomy DM AUDIT ALT TAX or LOINC taxonomy ***(added code to LOINC taxonomy).*** 3) **AST:** Site-populated taxonomy DM AUDIT AST TAX or LOINC taxonomy ***(added code to LOINC taxonomy).*** 4) **Creatine Kinase:** Site-populated taxonomy BGP CREATINE KINASE TAX or LOINC taxonomy. **To be included in the numerators, a patient must meet one of the 3 conditions below:** 1) Prescription(s) for the indicated medication with a total days supply of 180 days or more during the Report Period; OR 2) A refusal of the medication during the Report Period; OR 3) Have a contraindication/previous adverse reaction to the indicated medication. Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be toward meeting the numerator. For prescriptions, the days supply requirement may be met with a single prescription or from a combination of prescriptions for the indicated medication that were filled during the Report Period and prescriptions filled prior to the Report Period but which are still active (i.e. prior active prescription). Prior active prescriptions can be included if the treatment days fall within the Report Period. Prior active prescription defined as most recent prescription for the indicated medication (see codes below) prior to Report Period Start Date with the number of days supply equal to or greater than the Report Period Start Date minus the prescription date. NOTE: If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Appropriate Medication Therapy in High Risk Patients (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	**Example of patient included in the beta-blocker numerator with prior active prescription:** - Report Period: 07/01/2005 – 06/30/2006 - Must have 180 days supply of indicated medication 6/30/2006 (end of Report Period) - Prior Beta-Blocker Rx Date: 06/01/2005 - # Days Prescribed: 60 (treats patient through 07/31/2005) - Report Period Start Date minus Rx Date: 07/01/2005-06/01/2005 = 30; 60 (#Days Prescribed) is >= 30, prescription is considered Prior Active Rx - 07/31/2005 is between the Report Period of 07/01/2005 and 06/30/2006, thus remainder of Prior Active Rx can be counted toward 180-days supply - # Remaining Days Prescribed from Prior Active Rx: (# Days Prescribed-(Report Period Start Date-Prior Rx Date) = 60-(07/01/2005-06/01/2005) = 60-30 = 30 - Rx #2: 08/05/2005, # Days Prescribed: 90 - Rx #3: 11/10/2005, #Days Prescribed: 90 - Total Days Supply Prescribed between 07/01/2005 and 06/30/2006, including prior active prescription: 30+90+90=210 **Numerator Logic:** In the logic below, "ever" is defined as anytime through the end of the Report Period. **Beta-Blocker Numerator Logic:** Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. ***(Replaced existing medication taxonomy with updated HEDIS taxonomy.)*** (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.) Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the Report Period. Contraindications to beta-blockers defined as any of the following occurring ever unless otherwise noted: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; E) COPD - 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496; F) NMI (not medically indicated) refusal for any beta-blocker at least once during the Report Period; or G) CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) at least once during the Report Period. Adverse drug reaction/documented beta blocker allergy defined as any of the following occurring ever: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ASA (aspirin)/Other Anti-Platelet Numerator Logic:** ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS. Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy. Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during the Report Period. Contraindications to ASA/other anti-platelet defined as any of the following occurring ever unless otherwise noted: A) Patients with a 180-day course of treatment for Warfarin/Coumadin during the Report Period, using site-populated BGP CMS WARFARIN MEDS taxonomy; B) Hemorrhage diagnosis (POV 459.0); C) NMI (not medically indicated) refusal for any aspirin at least once during the Report Period; or D) CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) at least once during the Report Period.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Appropriate Medication Therapy in High Risk Patients (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	Adverse drug reaction/documented ASA/other anti-platelet allergy defined as any of the following occurring anytime ever: A) POV 995.0-995.3 AND E935.3; B) "aspirin" entry in ART (Patient Allergies File); or C) "ASA" or "aspirin" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **ACEI/ARB Numerator Logic:** Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ***(Replaced existing medication taxonomy with updated HEDIS taxonomy.)*** ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik). ACEI-Combination Products: ***Amlodipine-benazepril (Lotrel),*** Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), ***Enalapril-felodipine (Lexxel), Enalapril-diltiazem (Teczem),*** Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, ***Quinaretic***). Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least during the Report Period. Contraindications to ACEI defined as any of the following: 1) Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22) or 2) NMI (not medically indicated) refusal for any ACEI at least once during the Report Period. Adverse drug reaction/documented ACEI allergy defined as any of the following occurring anytime through the end of the Report Period: 1) POV 995.0-995.3 AND E942.6; 2) "ace inhibitor" or "ACEI" entry in ART (Patient Allergies File); or 3) "ace i*" or "ACEI" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ***(Replaced existing medication taxonomy with updated HEDIS taxonomy.)*** ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan). ARB Combination Products: Candesartan ***+ HCTZ*** (Atacand HCT), ***Eprosartan + HCTZ (Teveten HCT),*** Irbesartan ***+ HCTZ*** (Avalide ***HCT***), Losartan ***HCTZ*** (Hyzaar ***HCT***), ***Olmesartan + HCTZ (Benicar HCT),*** Telmisartan ***+ HCTZ*** (Micardis HCT), Valsartan ***+ HCTZ*** (Diovan HCT). Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the Report Period. Contraindications to ARB defined as any of the following: Diagnosis ever for moderate or severe aortic stenosis (POV 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22) or 2) NMI (not medically indicated) refusal for any ARB at least once during the Report Period. Adverse drug reaction/documented ARB allergy defined as any of the following occurring anytime through the end of the Report Period: 1) POV 995.0-995.3 AND E942.6; 2) "Angiotensin Receptor Blocker" or "ARB" entry in ART (Patient Allergies File); or 3) "Angiotensin Receptor Blocker" or "ARB" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **Statins Numerator Logic:** Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor). Statin Combination Products: ***Advicor,*** Caduet, PraviGard Pac, Vytorin. Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during the Report Period.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Appropriate Medication Therapy in High Risk Patients (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	Contraindications to Statins defined as any of the following: 1) Pregnancy, defined as at least two visits during the Report Period with POV or Problem diagnosis (V22.0-V23.9, ***V72.42,*** 640.*-64***9***.* ***(expanded range from 648.*),*** 651.*-676.*) and with no documented miscarriage or abortion occurring after the second pregnancy POV. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, ***S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49;*** 2) Breastfeeding, defined as POV V24.1 or breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N during the Report Period; 3) Acute Alcoholic Hepatitis, defined as POV 571.1 during the Report Period, or 4) NMI (not medically indicated) refusal for any statin at least once during the Report Period. Adverse drug reaction/documented statin allergy defined as any of the following: 1) ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the Report Period; 2) Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period; 3) Myopathy/Myalgia, defined as any of the following during the Report Period: POV 359.0-359.9, 729.1, 710.5, or 074.1; 4) any of the following occurring anytime through the end of the Report Period: A) POV 995.0-995.3 AND E942.9; B) "Statin" or "Statins" entry in ART (Patient Allergies File); or C) "Statin" or "Statins" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8. **All Medications Numerator Logic:** To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for ALL of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, AND statin). **Patient List Options:** 1) List of Active IHD patients 22+ with 180-day beta-blocker therapy. 2) List of Active IHD patients 22+ without 180-day beta-blocker therapy. 3) List of Active IHD patients 22+ with 180-day ASA therapy. 4) List of Active IHD patients 22+ without 180-day ASA therapy. 5) List of Active IHD patients 22+ with 180-day ACEI/ARB therapy. 6) List of Active IHD patients 22+ without 180-day ACEI/ARB therapy. 7) List of Active IHD patients 22+ with 180-day statin therapy. 8) List of Active IHD patients 22+ without 180-day statin therapy. 9) List of Active IHD patients 22+ with 180-day therapy for all appropriate meds. 10) List of Active IHD patients 22+ without 180-day therapy for all appropriate meds.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Cholesterol Management for Patients with Cardiovascular Conditions Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominator:** Active Clinical patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), OR who were diagnosed with ischemic vascular disease (IVD) ***during the Report Period and the year prior to the Report Period (changed timeframe for IVD).*** **Numerators:** 1) Patients with LDL completed during the Report Period, regardless of result. A) Patients with LDL <=100, completed during the Report Period. B) Patients with LDL 101-130, completed during the Report Period. C) Patients with LDL >130, completed during the Report Period. **Definitions:** 1) **AMI:** POV 410.*0 or 410.*1. 2) **PTCA:** A) V Procedure ***00.66,*** 36.01 ***(old code),*** 36.02 ***(old code),*** 36.05 ***(old code), 36.06-36.07,*** 36.09 or B) CPT 33140, 92980-92982, 92984, 92995, 92996. 3) **CABG:** A) V Procedure 36.1*, 36.2 or B) CPT 33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572, ***S2205-S2209.*** If diagnosis occurred at an inpatient visit, discharge date will be used instead of visit date. 4) **IVD:** ***(Deleted all of the different categories within IVD (e.g. stable angina, stroke) and lumped all under IVD.)*** POV 411.*, 413.*, 414.0*, ***414.8, 414.9,*** 429.2, 433.*-434.*, 440.1, 440.2*, 444.*, or 445.*. ***(Deleted 435.*, 437.0, 437.1, 438.0-438.42, 438.5*, 438.6-438.9, 441.*, and 443.9.)*** 5) **LDL:** Searches for most recent LDL test with a result during the Report Period. If none found, CRS searches for the most recent LDL test without a result. CPT ***80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code),*** 83721, ***3048F, 3049F, 3050F;*** LOINC taxonomy ***(added to and removed code from LOINC taxonomy);*** site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For numerator LDL =<100, CPT 3048F will count as meeting the measure. **Patient List Options:** 1) List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL completed, regardless of result. 2) List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD without LDL completed. 3) List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL <=100. 4) List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL 101-130. 5) List of Active Clinical patients 18-75 with DX of AMI, CABG, PTCA, or IVD with LDL >130.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Heart Failure and Evaluation of LVS Function Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	***New topic for Version 8.0*** **Denominator:** Active Clinical ages 18 or older discharged with heart failure during the Report Period. **Numerator:** Patients whose LVS function was evaluated before arrival, during hospitalization, or is planned for after discharge. **Definitions:** 1) **Heart Failure:** Primary diagnosis code of 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9, 429.1, or 997.1 AND with Service Category H (hospitalization). NOTE: If a patient has multiple admissions matching this criteria during the Report Period, the earliest admission will be used. 2) **Comfort Measures:** V66.7 (Encounter for palliative care) documented during hospital stay. 3) **LVAD/Heart Transplant:** Any of the following during hospital stay: V Procedure 33.6, 37.41, 37.51-37.54, 37.61-37.66, 37.68. 4) **Evaluation of LVS (Left Ventricular Systolic) Function:** Any of the following: A) An ejection fraction ordered or documented anytime one year prior to discharge date, defined as any of the following: 1) V Measurement "CEF"; 2) V Procedure 88.53, 88.54; 3) V CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314-93318, 93350, 93543, 93555. B) RCIS order for Cardiovascular Disorders referral that is ordered during the hospital stay but no later than the hospital discharge date. (RCIS referral defined as: ICD Diagnostic Category "Cardiovascular Disorders" combined with any of the following CPT Categories: "Evaluation and/or Management," "Non-surgical Procedures" or "Diagnostic Imaging.") C) Any of the following documented anytime one year prior to discharge date: 1) Echocardiogram: V Procedure 88.72, 37.28, 00.24; 2) Nuclear Medicine Test: V Procedure 92.2*; 3) Cardiac Catheterization with a Left Ventriculogram: V Procedure 37.22, 37.23, 88.53, 88.54. **Denominator Exclusions:** Defined as any of the following: 1) Patients receiving comfort measures only (i.e. patients who received palliative care and usual interventions were not received because a medical decision was made to limit care). 2) Patients with a Discharge Type of Transferred or Irregular or containing “Death.” 3) Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospitalization. **Patient List Options:** 1) List of Active Clinical heart failure patients 18+ who received evaluation of LVS function. 2) List of Active Clinical heart failure patients 18+ who did not receive evaluation of LVS function.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
OTHER CLINICAL MEASURES GROUP	
Sexually Transmitted Infection (STI) Screening Dr. Scott Giberson	***New topic for Version 8.0*** **Denominator:** 1) Screenings needed for incidents of key sexually transmitted infections (STIs) for Active Clinical patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, gonorrhea, HIV/AIDS, and syphilis. **Numerators:** 1) No denominator; count only. The total count of Active Clinical patients who were diagnosed with one or more key sexually transmitted infections (STIs) during the period 60 days prior to the Report Period through the first 300 days of the Report Period. 2) No denominator; count only. The total count of separate key STI incidents for Active Clinical patients during the defined period. 3) For use with denominator #1: Total number of needed screenings performed or refused from one month prior to the date of relevant STI incident through two months after. **Definitions:** 1) **Key Sexually Transmitted Infections (STIs):** Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Key STIs defined with the following POVS: A) Chlamydia: 077.98, 078.88, 079.88, 079.98, 099.41, 099.50-099.59 B) Gonorrhea: 098.0-098.89 C) HIV/AIDS: 042, 042.0-044.9, 795.71, V08 D) Syphilis: 090.0-093.9, 094.1-097.9 Logic for Identifying Patients Diagnosed with Key STI (numerator #1): Any patient with one or more diagnoses of any of the key STIs defined above during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Logic for Identifying Separate Incidents of Key STIs (numerator #2): One patient may have one or multiple occurrences of one or multiple STIs during the year. Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. A second incident of the same STI is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident. Example of Patient with Multiple Incidents of Single STI Visit — Total Incidents 08/01/08: Patient screened for Chlamydia — 0 08/08/08: Patient diagnosed with Chlamydia — 1 10/15/08: Patient diagnosed with Chlamydia — 2 10/25/08: Follow-up for Chlamydia — 2 11/15/08: Patient diagnosed with Chlamydia — 2 03/01/09: Patient diagnosed with Chlamydia — 3 Denominator Logic for Needed Screenings (denominator #1): One patient may need multiple screening tests based on one or more STI incidents occurring during the time period. To be included in the needed screening tests denominator, the count will be derived from the number of separate STI incidents and the type(s) of screenings recommended for each incident. The recommended screenings for each key STI are listed below. STI — Screenings Needed Chlamydia — Gonorrhea, HIV/AIDS, Syphilis Gonorrhea — Chlamydia, HIV/AIDS, Syphilis HIV/AIDS — Chlamydia, Gonorrhea, Syphilis Syphilis — Chlamydia, Gonorrhea, HIV/AIDS

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Sexually Transmitted Infection (STI) Screening (cont'd) Dr. Scott Giberson	"Needed" screenings are recommended screenings that are further evaluated for contraindications. The following are reasons that a recommended screening is identified as not needed (i.e. contraindicated). 1) The patient has a documented STI diagnosis corresponding to the screening type in the same time period. For example, a patient with both a Chlamydia and a gonorrhea diagnosis on the same visit does not need the recommended Chlamydia screening based on the gonorrhea diagnosis. 2) Only one screening for each type of STI is needed during the relevant time period, regardless of the number of different STI incidents identified. For example, if a patient is diagnosed with Chlamydia and Gonorrhea on the same visit, only one screening each is needed for HIV/AIDS and Syphilis. 3) A patient with HIV/AIDS diagnosis prior to any STI diagnosis that triggers a recommended HIV/AIDS screening does not need the screening ever. Numerator Logic: To be counted in the numerator, each needed screening in the denominator must have a corresponding lab test or test refusal documented in the period from one month prior to the relevant STI diagnosis date through two months after the STI incident. Chlamydia Screening: Any of the following during the specified time period: 1) POV V73.88, V73.98; 2) CPT 86631-86632, 87110, 87270, 87320, 87490-87492, 87810; 3) site-populated taxonomy BGP CHLAMYDIA TESTS TAX; or 4) LOINC taxonomy. Gonorrhea Screening: Any of the following during the specified time period: 1) CPT 87590-87592, 87850; 2) site-populated taxonomy BKM GONORRHEA TEST TAX; or 3) LOINC taxonomy. HIV/AIDS Screening: Any of the following during the specified time period: 1) CPT 86689, 86701-86703, 87390-87391, 87534-87539; 2) site-populated taxonomy BGP HIV TEST TAX; or 3) LOINC taxonomy. Syphilis Screening: Any of the following during the specified time period: 1) CPT 86592-86593, 86781, 87285; 2) site-populated taxonomy BKM FTA-ABS TESTS TAX or BKM RPR TESTS TAX; 3) LOINC taxonomy. Refusal of Any Screening: Any refusal type (REF, NMI, etc.) for any of the four screening tests as defined above during the specified time period. Logic Examples: Example of Patient with Single Diagnosis of Single STI 08/01/08: Patient screened for Chlamydia 08/08/08: Patient diagnosed with Chlamydia - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis 08/13/08: Patient screened for Gonorrhea, HIV/AIDS, Syphilis Result: Denominator: 3 screens needed, Numerator: 3 screens performed Example of Patient with Multiple Diagnoses of Single STI 08/01/08: Patient screened for Chlamydia 08/08/08: Patient diagnosed with Chlamydia (Incident #1) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis 08/13/08: Patient screened for Gonorrhea, HIV/AIDS, Syphilis 12/01/08: Patient screened for Chlamydia 12/08/08: Patient diagnosed with Chlamydia (Incident #2) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis Result: Denominator: 6 screens needed (2 each of 3 types), Numerator: 3 screens perfomed (1 each of 3 types)

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Sexually Transmitted Infection (STI) Screening (cont'd) Dr. Scott Giberson	Example of Patient with Single Diagnosis of Multiple STIs 10/15/08: Patient screened for Chlamydia, Gonorrhea, HIV/AIDS, Syphilis 10/18/08: Patient diagnosed with Chlamydia - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis 10/20/08: Patient diagnosed with Syphilis - removes needed screen for Syphilis (see above) Result: Denominator: 2 screens needed, Numerator: 2 screens performed prior to triggering diagnoses but within timeframe) Example of Patient with Multiple Diagnoses of Multiple STIs 06/15/04: Patient diagnosed with HIV/AIDS 08/01/08: Patient screened for Chlamydia and Gonorrhea 08/08/08: Patient diagnosed with Chlamydia and Gonorrhea (Incident #1) - 1 screen needed: Syphilis (HIV/AIDS not needed since prior diagnosis) 08/08/08: Patient screened for HIV/AIDS and Syphilis - since only the Syphilis screen is needed, the HIV/AIDS screen is not counted at all 12/01/08: Patient screened for Chlamydia 12/08/08: Patient diagnosed with Chlamydia (Incident #2) - 2 screens needed: Gonorrhea and Syphilis 12/10/08: Patient screened for Syphilis Result: Denominator: 3 screens needed (2 Syphilis and 1 Gonorrhea), Numerator: 2 screens performed (2 Syphilis) **Patient List Options:** 1) List of Active Clinical patients diagnosed with an STI who were screened for other key STIs. 2) List of Active Clinical patients diagnosed with an STI who were not screened for other key STIs.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Prediabetes/Metabolic Syndrome Drs. Stephen J. RithNajarian and Kelly Moore	***Changes from Version 7.0 Patch 1, as noted below.*** **Denominator:** Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes. **Numerators:** 1) Patients with Blood Pressure documented at least twice during the Report Period. 2) Patients with LDL completed, regardless of result, during the Report Period. 3) Patients with fasting glucose test, regardless of result, during the Report Period. 4) Patients with nephropathy assessment, defined as an estimated GFR and a quantitative urinary protein assessment (changed from positive urine protein or any microalbuminuria) during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period. 5) Patients who have been screened for tobacco use during the Report Period. 6) Patients for whom a BMI could be calculated, including refusals in the past year. 7) Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period. 8) Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year. 9) Patients with all screenings. **Definitions:** 1) **Prediabetes/Metabolic Syndrome:** Diagnosis of prediabetes/metabolic syndrome, defined as: two visits during the Report Period with POV 277.7, OR one each of at least three different conditions listed below, occurring during the Report Period except as otherwise noted: A) BMI => 30 OR Waist Circumference >40 inches for men or >35 inches for women, B) Triglyceride value >=150, C) HDL value <40 for men or <50 for women, D) Patient diagnosed with hypertension OR mean Blood Pressure value => 130/85 where systolic is =>130 OR diastolic is =>85, E) Fasting Glucose value =>100 AND <126. NOTE: Waist circumference and fasting glucose values will be checked last. 2) **Patients without Diabetes:** No diabetes diagnosis ever (POV 250.00-250.93). 3) **BMI:** CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit. 4) **Triglyceride:** CPT 84478; LOINC taxonomy ***(added codes to LOINC taxonomy);*** or site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX. 5) **HDL:** CPT 83718; LOINC taxonomy ***(added code to LOINC taxonomy);*** or site-populated taxonomy DM AUDIT HDL TAX. 6) **Fasting Glucose:** POV 790.21; LOINC taxonomy ***(added codes to LOINC taxonomy);*** or site-populated taxonomy DM AUDIT FASTING GLUCOSE TAX. 7) **LDL:** Finds last test done during the Report period; defined as: CPT ***80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code),*** 83721, ***3048F, 3049F, 3050F;*** LOINC taxonomy ***(added to and removed code from LOINC taxonomy);*** or site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. 8) **Blood Pressure:** CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2).

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Prediabetes/Metabolic Syndrome (Cont'd) Drs. Stephen J. RithNajarian and Kelly Moore	***For the BP documented numerator, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period. NOTE to Lori: In the patient list for patients with CPT 3077F, display [DATE] CPT [3077F] SYSTOLIC BP >=140; for patients with CPT 3080F, display: [DATE] CPT [3080F] DIASTOLIC BP >=90.*** 9) **Hypertension:** Diagnosis of (POV or problem list) 401.* occurring prior to the Report period, and at least one hypertension POV during the Report period. 10) **Estimated GFR:** Any of the following: Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy ***(added codes to LOINC taxonomy).*** 11) **Quantitative Urine Protein Assessment:** Any of the following: CPT 82042, 82043, or 84156; LOINC taxonomy ***(added codes to LOINC taxonomy);*** or site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values). 12) **End Stage Renal Disease Diagnosis/Treatment:** ANY of the following ever: A) CPT ***36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380,*** 90918-90925, ***90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339;*** B) 585.5, 585.6, ***V42.0,*** V45.1, ***or V56.*; C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.*** 13) **Tobacco Screening:** At least one of the following during the Report Period: A) Any health factor for category Tobacco documented during Current Report period; B) Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; C) Dental code 1320; D) Any patient education code containing "TO-", "-TO", "-SHS", ***305.1, 305.1* (old codes), 649.00-649.04, or V15.82; E) CPT 1034F, 1035F, or 1036F.*** 14) **Lifestyle Counseling:** Any of the following during the Report Period: A) Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC), B) Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)) ***or containing V65.3,*** C) Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise), ***or containing V65.41,*** D) Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) ***or 278.00 or 278.01.*** 15) **Depression Screening/Mood Disorder DX:** Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. **Patient List Options:** 1) List of Active Clinical patients =>18 w/Prediabetes/Metabolic Syndrome with all assessments. 2) List of Active Clinical patients =>18 w/Prediabetes/Metabolic Syndrome without all assessments.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Public Health Nursing Cheryl Peterson, RN	**No changes from Version 7.0 Patch 1.** **Denominators:** 1) No numerator; count of visits only. Number of visits to User Population patients by PHNs in any setting, including Home, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). A) Number of PHN driver/interpreter (provider code 91) visits. 2) No numerator; count of visits only. Number of visits to User Population patients by PHNs in Home setting, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). A) Number of PHN driver/interpreter (provider code 91) visits. **Definitions:** 1) **PHN Visit-Any Setting:** Any visit with primary or secondary provider codes 13 or 91. 2) **PHN Visit-Home:** Any visit with A) clinic code 11 and a primary or secondary provider code of 13 or 91 or B) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91. **Patient List Options:** 1) List of patients with a PHN visit(s) in any setting, including Home. 2) List of patients with a PHN visit(s) in Home setting.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: ***Red, bold italic type*** indicates new or edited definitions)
Breastfeeding Rates Cheryl Peterson, RN	**No changes from Version 7.0 Patch 1.** **NOTE: This measure will be used in conjunction with the Childhood Weight Control GPRA measure to support the reduction of the incidence of childhood obesity.** **Denominators:** 1) Active Clinical patients who are 45-394 days old. 2) Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of two months (45-89 days). 3) Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of six months (165-209 days). 4) Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of nine months (255-299 days). 5) Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of 1 year (350-394 days). **Numerators:** 1) Patients who were screened for infant feeding choice at least once. 2) Patients who were screened for infant feeding choice at the age of two months (45-89 days). 3) Patients were screened for infant feeding choice at the age of six months (165-209 days). 4) Patients who were screened for infant feeding choice at the age of nine months (255-299 days). 5) Patients who were screened for infant feeding choice at the age of 1 year (350-394 days). 6) Patients who, at the age of two months (45-89 days), were either exclusively or mostly breastfed. 7) Patients who, at the age of six months (165-209 days), were either exclusively or mostly breastfed. 8) Patients who, at the age of nine months (255-299 days), were either exclusively or mostly breastfed. 9) Patients who, at the age of 1 year (350-394 days), were either exclusively or mostly breastfed. **Definitions:** 1) **Infant Feeding Choice:** The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as 1/2 breastfed and 1/2 formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of 2 months (i.e. 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for 6 months, 270 days for 9 months, and 365 days for 1 year. In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range. For example, if a patient was screened at 6 months and was exclusively breastfeeding but was not screened at 2 months, then the patient will only be counted in the 6 months numerator. **Patient List Options:** 1) List of Active Clinical patients 45-394 days who were screened for Infant Feeding Choice at least once. 2) List of Active Clinical patients 45-394 days who were not screened for Infant Feeding Choice at least once. 3) List of Active Clinical patients screened at the age of two months (45-89 days) and were either exclusively or mostly breastfed. 4) List of Active Clinical patients screened at the age of two months (45-89 days) and were not exclusively or mostly breastfed.